

GED Change Request Form

Date: _____

To: OSC NCAS Helpdesk
Financial Systems Division
Office of the State Controller
Phone #: (919) 875-HELP (4357)
Fax #: (919) 981-5561

From: _____

Name

Title

Agency

Phone

_____ authorizes the OSC Helpdesk to
(Agency Name)
temporarily change the General Ledger Effective Date (GED) policy screen to allow posting back to
_____ for pay entity (XXPT) _____. We request this change for the following reason:
(date)

Disclaimer: Our agency understands that extensions of the GED policy screen may result in improper monthly/yearly closeout periods. It is the responsibility of the individuals signing this form to make sure that the agency controllers, fiscal officers, AP supervisors, and other pertinent personnel are aware that this request has been made. Our agency accepts responsibility for any audit exceptions or other changes to its accounting records that may result from the processing of this request.

Signature: _____

Title: _____

Specify Date and Time
Changes Needed:

Date Requested: _____

FOR OSC USE ONLY

This change authorization form was received by:

Helpdesk Staff Member: _____ Date: _____

Time changed and agency notified: _____

Agency Personnel notified: _____

Time changed back: _____